PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number 09/58488

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY	
TOTAL CLAIMS				53				RATE	FEE	OF	RATE	7
F	OR	 	NUMBER FILED		NUMBER EXTRA		BASIC FE			BASIC FEI	FEE 740.00	
T	TOTAL CHARGEABLE CLAIMS			53ninus 20=		·	1	X\$ 9=	1		1/4/4	-
IN	DEPENDENT (CLAIMS	23	23 minus 3 =		<u></u>	1	X42=	- 	OF	\	-
М	ULTIPLE DEPE	ENDENT CLAIM	PRESENT	RESENT			1			OF	`}	
* If the difference in column 1 is less than zero, enter "0" in colu						column 2	4	+140=		OR		
•	CLAIMS AS AMENDED - PART II							TOTAL	<u></u>	OR		<u> </u>
· 	(Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIC PAID I	BER SUSLY	PRESENT EXTRA		RATE	ADDI- TIONA FEE		RATE	ADDI- TIONAL FEE
	Total	. 53	Minus	** 5	3	=] [X\$ 9=		OR	X\$18=	
	Independent	· 33	Minus	*** 0	3	=		X42=		JOR	X84=	
<u> </u>	FIRST PRES	ENTATION OF M	OLTIPLE DE	PENUENI	CLAIM	<u> </u>	i.	+140=		Ion	+280-	
							L.	TOTAL DDIT. FEE			TOTAL ADDIT. FEE	***************************************
	· · · · · · · · · · · · · · · · · · ·	(Column 1)		(Colum		(Column 8)		DOI1.1 EL			ADDII. I CE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADD!- TIONAL FEE
	Total	· 50	Minus	** 5	3	=		X\$ 9=		OR	X\$18=	
	Independent	· 23	Minus	*** 6	3	=		X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=	2	OR	+280=	:
								TOTAL			TOTAL	
		(Column 1)		(Colum	n 2)	(Column 3)	AL	DDIT. FEE		4 - ; - ,	ADDIT. FEE L	
MEN		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOU PAID F	ST ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Miņus	##		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							140=	ų	OR	+280=	
** H	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."							TOTAL DIT. FEE	<u>-</u>	L	TOTAL DDIT, FEE	
****	the "Highest Nur	mber Previously Pa ber Previously Pak	id For" IN THI	S SPACE IS I	ess than	3, enter "3."			ropriate box			